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Application of Doctor Number

Substitute for Form PTO-876

Application or Doctor Number: 091506767

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
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71	72
73	74
75	76
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79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(a), (f), or (n))		
EXAMINATION FEE (37 CFR 1.16(c), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))	29 minus 20 =	•
INDEPENDENT CLAIMS (37 CFR 1.16(h))	3 minus 3 =	•
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

RATE (\$)	FEE (\$)
X	=
X	=
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.160)	46	Minus	51	0
Independent (37 CFR 1.160)	19	Minus	12	0
Application Size Fee (37 CFR 1.16(e))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)				

RATE (\$)	ADDITIONAL FEE (\$)
x 25 -	
x 100 -	
180	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
360	
TOTAL ADDFEE	

TOTAL
ADD'L FEETOTAL
ADD'L FEE

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
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238	239	240
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259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

RATE (\$)	ADDITIONAL FEE (\$)
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RATE (\$)	ADDITIONAL FEE (\$)
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.160)	46	Minus	51	=
	Independent (37 CFR 1.160)	9	Minus	12	= 0
Application Size Fee (37 CFR 1.16(c))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	
x 100 =	
180	
TOTAL	
ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
360	
TOTAL ADD'L FEE	

TOTAL	
ADD'L FEE	

TOTAL
ADD'L FEE

⁶ If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.